

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1469 Office of Registrar of Vital Statistics.

Ward 6th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William McKim

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, 5 Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Italy

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give Street and Number. } 1907 E. Monument St

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum
Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 19th 1887

{ Undertaker, Henry H. Mears John Ayda M. D. Medical Attendant.

{ Place of Business, 413 E. Fayette St Address, 1907 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

1461

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 17th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Holly Skinner

~~Sex, Male or Female,~~

{ Cross out the word not required in this line. }

Age,

1 Years,

2 Months,

Days.

Color,

Col

~~Married, Single, Widow or Widower,~~

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Whole life

Place of Death,

{ Give Street and Number. }

#237 Dover St

Cause of Death,

{ First (Primary),

Second (Immediate),

Measles
Pneumonia

Duration of Last Sickness,

1 wk

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St. Cem.

Date of Burial,

July 18th '87

{ Undertaker,

S. H. Chase

R. C. Smith

M.

Medical Attendant.

{ Place of Business,

649 Howard

Address,

#677 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT-BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1442 Office of Registrar of Vital Statistics.

Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17 1887

Full Name of Deceased, Jane Shaw
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Female
{ Cross out the word not required in this line. }

Age, 91 Years, — Months, — Days.

Color, African

Married, Single, Widow or Widower; Widow
{ Cross out the words not required in this line. }

Occupation, House work

Birth Place, Maryland
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, —

Place of Death, #506 Cross St.
{ Give Street and Number. }

Cause of Death, Marasmus
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 3 mo.

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, July 18 1887

Undertaker, B. W. Chase

Place of Business, 641 Howard Address, 406 Milberg St.

J. R. Pennington M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1463 Office of Registrar of Vital Statistics.

Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1887

Full Name of Deceased, Louisa Will

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, Male

{ Cross out the word not required in this line. }

Age, 18

Years, 18

Months, 7

Days, 7

Color, White

Married, Single, Widow or Widower, Single

{ Cross out the words not required in this line. }

Occupation, None

Birth Place, Baltimore

{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, All her life

Place of Death, 933 Hanover St.

{ Give Street and Number. }

Cause of Death, Cholera Infantum

{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, July 19 1887

Undertaker, Bernard Harle

Thermond Barker

M. D.

Medical Attendant.

Place of Business, 115 West St.

578 Hanover St.

Address, 578 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1414

Office of Registrar of Vital Statistics.

Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1887

Full Name of Deceased, Henry John
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, 18 Years, — Months, — Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, ✓
{ Cross out the words not required in this line. }

Occupation, Tailor

Birth Place, Baltimore
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life Time

Place of Death, 628 Myrtle St.
{ Give Street and Number. }

Cause of Death, Pneumonia
{ First (Primary), Second (Immediate), }
Prostration

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 19, 1887

{ Undertaker, Bernard Harle

{ Place of Business, 115 West St.

C. A. Paddenbohm

M. D.

Medical Attendant.

Address, 418 S. L. Lacer St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1415 Office of Registrar of Vital Statistics. Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thos. M. Jones

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 45 Years, Months, Days

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Carpenter

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give Street and Number. } 1414 Battery Ave

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Clara Hill Cemetery

Date of Burial, July 20 1887

{ Undertaker, Bernard Harle } Robert S. Lowe M. D.

{ Place of Business, 115 West St } Address, 1019 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

1466

Office of Registrar of Vital Statistics.

Ward

17th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 18th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Thos. F. Palmer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, 6 Days.

Color, white

Married, Single, Wid~~ow~~ or Wid~~ow~~er, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

No 1832 Light St

Cause of Death, { First (Primary), Second (Immediate), }

Trismus chascentium

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 19 1887

{ Undertaker, Bernard Harle }

S. C. Burch

M. D.

Medical Attendant.

{ Place of Business, 115 West St }

Address, 511 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1467 Office of Registrar of Vital Statistics. Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Caroline McIntosh

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Years, 6 Months, 0 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give Street and Number. } Franklin St 1076

Cause of Death, { First (Primary), Anaemia }
{ Second (Immediate), _____ }

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, July 18th

{ Undertaker, J. P. Phipps } { John A. Schutte M. D. }
Medical Attendant.

{ Place of Business, 157 E. Corner } { Address, P. E. Connel & Son }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. A 1468

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie K. Messerschmidt

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 87 Years, one Months, Days.

Color, White Sex, Female

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 39 years

Place of Death, { Give street and number. } 1405 N. Central Ave.

Cause of Death, { First (Primary,) Second (Immediate,) } Broken Hip
Effects of Heat

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Center

Date of Burial, July 20, 1887

{ Undertaker, Henry Hoeck

{ Place of Business, 1523 N. Center Ave

A. G. Watson M. D.
Medical Attendant.

Address 1301 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ ^{two} hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 18th '87

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Howard Robinson

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

57

Days.

Color,

Brown

~~Married~~, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birth Place,

State or country, and how long in the United States, if of foreign birth.

Balto. City

Duration of Residence in the City of Baltimore,

57 days

Place of Death,

Give Street and Number.

546 Orchard St.

Cause of Death,

First (Primary),

Gastritis

Second (Immediate),

Mania

Duration of Last Sickness,

Two days

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St.

Date of Burial,

July 19th '87

F. B. Gardner M. D.

Undertaker

Wm. H. H. H.

Medical Attendant.

Place of Business,

546 Orchard St.

Address 424 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]